

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that I Sharon K. O'Kelley-Caulfield ,  
the undersigned, do hereby grant a limited power of attorney to  
Patricia R. O'Kelley-Hughes , as my attorney-in-fact.

My attorney-in-fact shall have full power and authority  
to undertake and perform the following on my behalf: (Describe  
specific authority)

(Signature) All matters financial, including buying and selling of  
real estate, motor vehicles and water craft, deposit  
and withdrawal of monies and all state, local and federal  
taxes. This shall include all matters concerning healthcare, including  
surgeries, chemotherapy, radiation and life support decisions.

(Signature) My attorney-in-fact agrees to accept this appointment  
subject to its terms, and agrees to act and perform in said  
fiduciary capacity consistent with my best interests as he in  
his discretion deems advisable. her

(Signature) This power of attorney may be revoked by me at any time,  
provided any person relying on this power of attorney shall have  
full rights to accept the authority of my attorney-in-fact until  
in receipt of actual notice of revocation.

Signed under seal this 24<sup>th</sup> day of February , 2007.

Sharon K. O'Kelley-Caulfield

Prepared by: Sharon O'Kelley-Caulfield  
\* 6137 Autumn Point  
Olive Branch, MS  
38654

662-890-0755

State of Mississippi

County of DeSoto

Personally appeared before me, the undersigned authority in and for the said County and State, on this the 24<sup>th</sup> day of February, 2008 within my jurisdiction, the within named, Sharon K. O'Kelley-Caulfield who acknowledged that (he)(she) (they) executed the above and foregoing instrument.



Notary Public

By \_\_\_\_\_

My commission expires

6/18/08

